

For Official Use Only

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FORM LM-30 Standards Washington, DC 20210 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 88-257, as amended Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 1 0 8 3 4	2 Fiscal Year Covered From
	7 / 1 / 2004 Through 6 / 30 / 2005
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Carl J Peyton	Name Iron Workers Local Union No 70
	Labor Organization File Number 2040/4
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 2441 Crittenden Drive	Street 2441 Crittenden Drive
City Louisville	City [Louisville
State Kentucky ZIP Code + 4 40217	State Kentucky ZIP Code + 4 40217
5 Position in labor organization Business Manager/FST	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
Indicate Age non an employer wilese employees your organization	on represents or is actively seeking to represent
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
6 Name and address of Employer (including trade name, if any)	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any	
6 Name and address of Employer (including trade name, if any) Name	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any	7 a Nature of Interest, Transaction, or Income
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any	7 a Nature of Interest, Transaction, or Income
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street	7 a Nature of Interest, Transaction, or Income
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code +4 Signature and verification The undersigned declares, under penalty of	7 a Nature of Interest, Transaction, or Income 7 b Amount. 7 b Amount. Perjury and other applicable penalties of the law, that all of the information rung documents), has been examined by the signatory and is, to the best of the
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bidg, Room No, if any Street City State ZIP Code +4 Signature and verification The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7 a Nature of Interest, Transaction, or Income 7 b Amount. 7 b Amount. Perjury and other applicable penalties of the law, that all of the information rung documents), has been examined by the signatory and is, to the best of the



Name of Person Filing Carl Peyton File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name, if any)	9 Business deals with
Name	a Labor Organization
P O Box, Bldg , Room No , if any	c Employer
Street	C Eniblose
City	
State ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name Iron Workers So OH & Vicinity Benefit Trust	reimbursed expenses for Trustees travel to Trustee meeting, paid by Trust Fund check Also, reimbursed expenses for Trustees travel to Educational
Trade Name, if any	conference paid by Trust Fund check
P O Box, Bldg , Room No , if any	
Street 1470 Worldwide Place	11 b Approximate dollar value of such dealing
City Vandalıa	12 a Nature of interest held or income received
State Ohio ZiP Code + 4 45377-0575	01/12/04 \$65 00 02/09/04 \$65 00 03/09/04 \$65 00 04/12/04 \$65 00 05/10/04 \$65 00 06/09/04 \$65 00 07/12/04 \$71 00 12/15/04 \$242 00
	12 b Amount \$703
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.
Name	
Trade Name, if any	
P O Box, Bidg , Room No , if any	
Street	
City	1
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

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